

Best Available Copy

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	m-6		11/3/00
O.I.P.E. CLASSIFIER		48	11/1/00
FORMALITY REVIEW	2	71531	11/21/00
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) ... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	✓	✓	9/4/00
2	✓	✓	9/9/00
3	✓	00	
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Claim	Final	Original	Date
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 Form I  
 (Rev. I)

If more than 150 claims or 10 actions  
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